

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET 2010-295-T  
NUMBER: 2001-86-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Low Country Medical Transport Telephone: 803-943-0159  
Address: PO Box 912 Fax: 803-943-0612  
Varnville SC 29944 Other: 803-943-3939  
Email: lowcountryfamily@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application – Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application – Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application – Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application – Class E Household Goods  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application – Class E Hazardous Waste  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Response                                      |
| <input checked="" type="checkbox"/> Request for Reinstatement   | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Name Change on Certificate   | <input type="checkbox"/> Other: _____                                  |

**CLASS C REINSTATEMENT FORM**

<b>File the original with:</b>  <b>Public Service Commission of South Carolina</b> <b>Clerk's Office</b> <b>Motor Carrier Matters</b> <b>P.O. Box 11649</b> <b>Columbia, S.C. 29211</b> <b>(803) 896 - 5100</b> <b>FAX (803) 896-5199</b>	<b>Mail or fax a copy to:</b>  <b>S.C. Office of Regulatory Staff</b> <b>Transportation Department</b> <b>1401 Main Street, Suite 900</b> <b>Columbia, S.C. 29201</b> <b>(803) 737-0578</b> <b>FAX (803) 737-0815</b>
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DATE: 11/10/10

Please consider this an application for Reinstatement of my:

- ☐ Taxi Certificate Number \_\_\_\_\_
- ☐ Charter Certificate Number \_\_\_\_\_
- ☐ Charter Bus Certificate Number \_\_\_\_\_
- ☒ Non-Emergency Certificate Number 7798

My certificate was revoked/cancelled on 11/10/10 because failure to  
(DATE)  
submit 2009 Annual Report

I am seeking reinstatement because We operate in the state of  
South Carolina

Low Country Medical Transport DBA \_\_\_\_\_  
(Name of Company) (if applicable)

601 Hickory Hill Rd  
(Street Address)

Po Box 912, Varnville SC 29911  
(Mailing Address if different from Street Address)

Varnville SC 29944  
(City, State, Zip Code)

  
(Signature)

803-943-0159  
(Telephone Number)

owner  
(Title) Owner, President, etc.

# Transportation CARRIER ANNUAL REPORT

CLASS C - TAXI - CHARTER - NON-EMERGENCY - STRETCHER VEHICLE  
OF

Low Country Medical Transport, Inc  
Exact Legal Name of Respondent

\_\_\_\_\_  
PSC/ORS Number (leave blank)

**FOR THE YEAR ENDED 2009**

☒ Calendar Year Ending December 31, 2009

or

☐ Fiscal Year Ending \_\_\_\_\_

